

Entered - 06/30/03 - sb CL03L0533 - DIANNE C. MITCHELL

CLAIM OF: CHERYL OWENS,

through her attorney, Michael J. Lonati

PMB 350

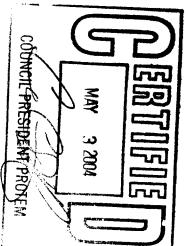
1720 Mars Hill Road, #8

Acworth, Georgia 30101-8084

04- R-0676

For damages alleged to have been sustained as a result of a vehicular accident on February 10, 2003 at 3393 Peachtree Road, NE.

THIS ADVERSED REPORT IS APPROVED



BY:

JERRY L. DELOAC DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFTEY &

LEGAL ADMINISTRATION COMMITTEE

MAY 0 3 2004

ADVERSED

CHAIR:



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

May 13, 2004

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30303 (404) 330-6033 FAX (404) 658-6273

Michael J. Lonati Attorney at Law PMB 350 1720 Mars Hill Rd., #8 Acworth, GA 30101-8084

04-R-0676

RE: Cheryl Owens

Dear Attorney Lonati:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

| Claim No. <u>03L0533</u> | Date: <u>April 6, 2004</u> |
|--|---|
| Claimant / Victim CHERYL OWENS BY: (Atty) Michael J. Lonati | |
| Address: DMR 350 1720 Mars Hill Road | #8 Acworth Georgia 30101-8084 |
| Cultura continue Claim for Property demage C | Rodily Injury \$ Not Stated |
| Subrogation: Claim for Property damage \$ | Bodily Injury \$ Not Stated en, proper X Improper Ante Litem (6 Mo.) X 3393 Peachtree Road, NE |
| Date of Notice: U0/19/03 Method: With | Anta Litam (6 Ma) |
| Conforms to Notice: O.C.G.A. §35-33-5 | Ante Litetti (0 MO.) A |
| Date of Occurrence 02/10/03 Place: | 3393 Peachtree Road, NE |
| Department Police Bureau: | |
| Employee involved <u>Carlos A. Figueroa, Jr.</u> | Disciplinary Action: |
| NATURE OF CLAIM: The claimant alleges she was injuthe claimant has failed to provide information necessary | ured in a vehicular accident with a City vehicle. However, |
| the claimant has failed to provide information necessary | to support her claim. |
| INVESTIGATION: | |
| Statements: City employee Claimant | Others Written Oral |
| Pictures Diagrams Reports: Police | X Dept ReportOther |
| Traffic citations issued: City Driver | Claimant Driver |
| Citation dispositions City Driver | Claimant DriverClaimant Driver |
| Citation disposition: City Driver | Claimant Driver |
| BASIS OF RECOMMENDATION: | |
| Function: Governmental X | Ministerial Other Damages reasonable |
| Improper Notice More than Six Months | Other Damages reasonable |
| City not involved Offer rejecte | dCompromise settlement |
| Panair/replacement by Inc. Co. | Renair/renlacement by City Forces |
| Claiment Negligent City Negligent | Repair/replacement by City Forces |
| Claimant Negrigent City Negrigent | Claim / totalidolled |
| | Respectfully submitted, |
| | Mundula |
| \ | INVESTIGATOR - DIANNE C. MITCHELL |
| RECOMMENDATION: | |
| Pay \$ Adverse X/ Account | charged: 1A012J012H012P01_ |
| | |
| Claims Manager: // Multiple Committee Action | Council Action |
| Committee Action: | Council Action |
| FORM 23-61 | |

MICHAEL J. LONATI ATTORNEY AT LAW

PMB 350 1720 MARS HILL ROAD, #8 ACWORTH, GEORGIA 30101-8084 rouce Nuklue 00/27/03

Facsimile: (770) 739-7758

RECEIVED

ENTERED 06-30-03 - DP 03L0533 - DIANNE MITCHELL

June 17, 2003

Telephone: (770) 739-7770

JUN 19 2003

CERTIFIED MAIL RETURN RECEIPT #70020860000666984721

MUNICIPAL CLERK

Council of the City of Atlanta City Hall 55 Trinity Avenue, SW Atlanta, GA 30335

Attention: Municipal Clerk

RE: Your Insured : Carlos Figueroa, Jr.

Your Claim Number : unknown
Our Client : C'heryl Owens
Date of Injury : February 10, 2003

Dear Municipal Clerk:

Please be advised that this firm represents Cheryl Owens in connection with damages and injuries sustained in a vehicular collision involving your insured that occurred on February 10, 2003, when Mr. Figueroa failed to obey a traffic control device and a collision ensued.

Please provide me with a list of physicians you would authorize to provide medical treatment to my client (s) at your sole cost.

This letter shall also serve as notice of a claim against your insured pursuant to O.C.G.A. §33-34-3 (e), should your insured fail to notify you personally.

Pursuant to O.C.G.A. §33-3-28, please forward to me a certified copy of the declaration page for each and every known insurance policy covering your insured, and/or inuring to the benefit of my client, including, but not limited to, automobile liability, excess or umbrella coverage. Attached as page 2 of 2 is a notarized request for this information that has been signed by my client.

All contact with my client, whether verbal, personal or written, must be directed through my office.

Thank you for your anticipated time and assistance.

Sincerely,

Michael J. Lonate Bro-

MJL/btw Enc.

cc: Cheryl Owens

REQUEST FOR POLICY LIMITS DISCLOSURE

| I, CHERYL OWENS |
|--|
| pursuant to O.C.G.A. § 33-3-28 hereby request that you provide to |
| me, at my attorney's address, a written statement, under oath, of |
| a corporate officer or claims manager, stating with regard to each |
| known policy of insurance issued by your company, including excess |
| or umbrella insurance, the name of the insurer, the name of each |
| insured and the limits of coverage pertaining to your insured as |
| outlined on the preceding page. You may provide a copy of the |
| declaration page of each such policy in lieu of providing such |
| information. |
| COMES NOW, CHERYL OWENS, who |
| personally appearing before the undersigned attesting officer duly |
| authorized to administer oaths , and who, after being first duly |
| sworn, on oath states: |
| The specific nature of the claim I assert against your insured |
| is set forth on the preceding page which includes my attorney's |
| letter of representation. |
| The above and foregoing statements I have made are true and correct and are based on personal knowledge, except as to any statements alleged to be true or correct on information and belief and of which the undersigned believes those matters to be true. This |
| Sworn to and subscribed before me this 2 Z day of |

Reqpol.dis